

CALIFORNIA ACUPUNCTURE BOARD

1424 Howe Avenue, Suite 37, Sacramento, CA 95825-3233
Phone: (800) 952-5210 / (916) 263-2680 / Fax: (916) 263-2654
E-mail: acupuncture@dca.ca.gov Web: www.acupuncture.ca.gov

State of California
Department of Consumer Affairs
Gray Davis, Governor



APPLICATION FOR EXAMINATION / LICENSURE

APPLICATION FEE: \$75.00

NOTICE: This information is requested under Sections 4938, 4941, and 4944 of the Business and Professions Code. All items of information are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualification for examination and licensure. The official responsible for information maintenance is the Executive Officer, 1424 Howe Avenue, Suite 37, Sacramento, CA 95825, phone no. (916) 263-2680. Information may be transferred to other governmental agencies if required. Each individual has the right to review the files maintained on them by our agency, unless the records are identified as confidential and are exempted in Section 1798.40 of the Information Practices Act of the Civil Code.

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

1. Name: _____	
_____	_____
_____	_____
2. Other name(s) you have used or have been known by: _____	
3. Address: _____	

_____	_____
_____	_____
4. Telephone Number: (residence) ()	5. Social Security Number: (See disclosure statement below) _____
Disclosure of social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.	
6. Examination language preference: <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Chinese	
7. Have you ever applied for the California Acupuncture Licensing Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the date (month & year) _____	

8. List **all** schools where you received your Oriental Medical Education and/or received transfer credit for coursework taken (list your most recent school first).

A. School of Graduation

Dates of Attendance
From (Mo/Yr) - To (Mo/Yr)

B. Other Schools Attended (where transfer credit was awarded)

Transcript Requirements:

- A. *School of Graduation* -- One original transcript with signature and Registrar's official seal.
- B. *Coursework for which transfer credit was awarded* -- One original transcript with signature and Registrar's official seal forwarded **directly from** the institution(s) where the coursework was originally taken.

9. **Foreign-Trained Applicants Only** - List the names, addresses and FAX numbers (if available) of foreign schools attended where you received your Oriental Medical education (list your most recent school first):

Dates of Attendance
From (Mo/Yr) - To (Mo/Yr)

_____	_____
_____	_____
_____	_____
_____	_____

Document Requirements: Original documents (i.e., diplomas/certificates, transcripts, etc.) must be submitted with this application- copies will not be accepted. All foreign language documents must be accompanied by an English translation certified by the translator as to the accuracy of such translation under penalty of perjury.

10. **Tutorial Applicants Only** - List the name and address of the supervising acupuncturist and dates of training:

Supervising Acupuncturist:

Name: _____

Address: _____

Length of Program:

From: _____
Month Day Year

To: _____
Month Day Year

11. Have you ever been licensed/certified to practice acupuncture or oriental medicine in any state or country?

☐ Yes ☐ No If yes, list state or country, license number, date issued and dates of practice in issuing agency's jurisdiction for each.

<u>State or Country</u>	<u>License Number</u>	<u>Date of Issuance</u>	<u>Dates of Practice</u> <u>From (Mo/Yr) - To (Mo/Yr)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Have you ever been denied a license, permission to practice acupuncture or any other healing arts, or permission to take an examination in any state, country, or U.S. federal jurisdiction?

☐ Yes ☐ No If yes, please explain on a separate sheet of paper. Include state or country, date of denial and reason for denial.

13. Have you ever been charged with unprofessional conduct or any other unlawful activity by any healing arts licensing authority and are awaiting final disposition by that body?

☐ Yes ☐ No If yes, please explain in detail on a separate sheet of paper.

14. Has any disciplinary action ever been taken regarding any healing arts license which you now hold or ever held?

☐ Yes ☐ No If yes, please explain on a separate sheet of paper. Include the date, charge and disposition.

15. Have you ever voluntarily surrendered a license to practice any healing arts in another state?

☐ Yes ☐ No If yes, please explain on a separate sheet of paper.

16. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?

☐ Yes ☐ No If yes, please explain on a separate sheet of paper.

17. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony in any state, the United States, or a foreign country? **NOTE: You are required** to list any conviction that has been set aside and Dismissed under Section 1203.4 Penal Code or under any other provision of law. *(You are not required to list minor traffic violations resulting in fines of \$75.00 or less.)*

☐ Yes ☐ No If yes, please explain on a separate sheet of paper and include dates, charge/violation, location and penalty or disposition.

18. Have you ever had an adverse judgment entered against you or entered into an adverse settlement as a result of medical malpractice litigation?

☐ Yes ☐ No If yes, please explain on a separate sheet of paper

19. Are you currently employed?

☐ Yes ☐ No If yes, please list your occupation, employer's name, address and telephone number _____

One (1) photograph required.

Attach one (1) photo
(at least 2" x 2" and not more than 3" x 4")
of applicant taken within
sixty (60) days of application.

PERSONAL DATA

Birthdate: _____ / _____ / _____
month day year

Height: _____ feet _____ inches

Weight: _____ pounds

Color of Eyes: _____

Color of Hair: _____

Identification Marks (describe below):

NOTE: Applicant must sign this application in the presence of a Notary Public.

STATEMENT OF APPLICANT

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect, and that misstatements, or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

Date _____ Signature _____

FOR NOTARY PUBLIC:

State of _____

County of _____

On _____, before me, _____, personally appeared _____, ☐ personally known to me OR-- ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Seal)

Signature _____